

Dangerous Abusive Relationships and Sources of Resilience for South Asian Immigrant Women Survivors of Intimate Partner Violence

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This study explored South Asian immigrant women survivors' perspectives on intimate partner relationships that could lead to severe violence or a homicide and sources of resilience for South Asian immigrant survivors in the United States. The study recruited 16 South Asian immigrant survivors for in-depth interviews and focus groups. Data were analyzed using thematic analysis. Survivors shared some characteristics of dangerous partner such as controlling behavior, anger issues, infidelity, alcohol and drug problems, and history of childhood abuse. Incidents of severe physical abuse, threats to kill, possession of a weapon, and suspicious behavior led survivors to feel fearful for their lives. Sources of resilience in the community (e.g., support from formal sources of help) and at the individual level (e.g., education) were discussed. The needs for culturally informed services and to generate awareness of services among South Asian immigrants were highlighted.

Keywords: *South Asian immigrant, intimate partner violence*

Introduction

Intimate partner violence (IPV) is a major social and public health problem that may have the consequence of premature deaths and/or injuries to women. The World Health Organization (2013), in a multicountry study ($N = 24,000$ participants), found that the lifetime prevalence of physical or sexual violence against women, or both, by an intimate partner ranged from 15% to 71% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). The global lifetime prevalence of IPV among women has been found to be 30%, with the highest prevalence of IPV (i.e., 37.7%) occurring in Southeast Asia. This is higher than the life time prevalence of IPV in the United States (i.e., approximately 20%; Devries et al., 2013).

South Asians are those who trace their lineage to one or more of the following countries: India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and Maldives, with ethnic, linguistic, cultural and religious differences. For example, people from South Asia practice a variety of religions: Hinduism, Islam, Christianity, Buddhism, Jainism, Judaism, Sikhism, and Zoroastrianism (South Asian

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Americans Leading Together, 2017). The majority of India's population identifies with Hinduism (about 80%), the second largest group practices Islam (14%), followed by Christianity (2.5%), and Sikhism, Jainism, Buddhism, and Zoroastrianism (less than 1% each). Bangladesh and Pakistan are Muslim-majority countries with over 90% of their population practicing Islam and the second largest group practicing Hinduism. Sri Lanka has close to 70% individuals who identify as Buddhists, and the second largest group identifies as Hindus (Pew Research Center, 2012).

The South Asians are termed the *model minority* because they have had rapid financial and social success in the United States. Moreover, cultural values of family harmony and solidarity in the private sphere make them seem to be socially stable to outsiders. Hence, the mainstream community in the United States labels the Asians, in general, and South Asians, in particular, the *model minority* (Abraham, 2000). This model minority status can lead to the belief that IPV is not common among South Asian communities. However, research among South Asian women in the United States shows that the rates of IPV are as high as 40% for physical and sexual abuse and about 50% if emotional/psychological abuse is also included (Mahapatra, 2012; Raj & Silverman, 2002). Thus, IPV disproportionately affects South Asian women in the United States. Along with the high rates of IPV, is the shame and stigma attached to disclosure of abuse along with maintaining the label of *model minority* (Dasgupta, 2000; Jordan & Bhandari, 2016). With a current South Asian population of 3.4 to 5 million (Pew Research Center, 2017; U.S. Census Bureau, 2010) and with high rates of IPV (Mahapatra, 2012; Raj & Silverman, 2002), helping professionals like social workers and health care professionals are more likely to come in contact with South Asian women in abusive relationships.

Especially among the South Asians, cultural values and norms place women at risk for IPV. Patriarchal values and rigid gender norms have been extensively documented as salient to the South Asian culture (Dasgupta & Warrier, 1996; Dasgupta, 2000; Sabri, 2014). Within the South Asian cultural context, women are often defined by their roles as daughters, wives, and mothers (Dasgupta, 2000). Additionally, the ideal South Asian woman is described as being chaste, virtuous, traditional, nurturing, controlled, and obedient (Bhattacharjee, 1992). Such patriarchal norms often result in large differences in gender roles and power within relationships (MacKinnon, 1983), which may serve to sanction male domination over women, including IPV (Adam & Schewe, 2007; Ahmad, Riaz, Barata, & Stewart, 2004). Alongside the cultural factors, there are several reasons that make South Asian women more vulnerable to IPV in the United States. These include but may not be limited to lack of social support, financial- and immigration-related dependency on the abuser, lack of knowledge about the laws in the United States (Bhandari & Sabri, 2018; Dasgupta, 2000; Kallivayalil, 2004).

Intimate partner homicide (IPH) is the extreme consequence of IPV, with foreign-born immigrant women being at high risk (Frye, Hosein, Waltermaurer, Blaney, & Wilt, 2005; Sabri, Campbell, & Messing, 2018). In an analysis of IPH in the United States during 2003–2013, immigrant women were found to be more likely than nonimmigrant women to be associated with IPV-related deaths (Sabri, Campbell, et al., 2018). Thus, research is needed on identifying at-risk women from IPH among diverse groups of immigrant women. A review of literature suggests researchers have paid little attention to IPH among Asian immigrants (Sabri, Campbell, & Dabby, 2016; Wu, 2009), and more specifically, among South Asian immigrants. Studies on Asian populations do not account for cultural differences among Asian populations, a very important contextual influence on IPV, including IPH (Sabri et al., 2016). Given the different dynamics of culture, religion and values; in the various subethnic groups, reports not disaggregated by region tell us little about homicides committed against women, most often that result in IPHs (Sabri et al., 2016).

Theoretical Framework

South Asian women, similar to women from other immigrant groups, are at high risk of facing “triple jeopardy” related to their immigration status, minority race/ethnicity, and gender (Ahmad, Rai, Petrovic, Erickson & Stewart, 2013). Triple jeopardy in the context of South Asian immigrant women is struggle with the new system of the United States, economic hurdles and lack of social support. The lack of social support due to the “newness” of being a foreign country is intertwined with “ethnic minority” status (George & Ramkissoon, 1998; Grewal, Bottorff, & Hilton, 2005). This is further complicated with the collectivist South Asian culture, where familial needs gain precedence over individual needs, so women are expected to play the role of caregivers and be involved in household chores over enhancing career aspirations. Thus, immigration into a new country, struggle with the socioeconomic status and lack of social support along with minority ethnicity and the rigid gender norms make South Asian immigrant women vulnerable to abuse in intimate relationships (Ahmad et al., 2004; Ayyub 2000; Dasgupta 2000; Raj & Silverman, 2002; Raj, Silverman, McCleary-Sills, & Liu, 2005).

In spite of the barriers, research thus far with abused South Asian immigrant women has shown that they are resilient (Abraham, 2000; Ahmad et al., 2013). Resilience is defined as “a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain, or regain their mental health despite exposure to adversity”(PreVAiL: Preventing Violence Across the Lifespan Research Network, n.d., Theme 2). This perspective of resiliency contextualizes the protective factors at the societal, community, interpersonal, and individual/survivor levels (Sabri, Nnawulezi, et al., 2018). For example, at individual level factors such as will power and determination can help address abuse, whereas at the interpersonal level family support, at the community level, resources such as South Asian women’s IPV organizations and at the societal level, laws and regulations protecting survivors of IPV can protect women from risk of future violence (Ahmad et al., 2013; Sabri, Nnawulezi, et al., 2018). The resiliency perspective focuses on the strengths rather than deficits and highlights how the environment can have an effect on the lives of women facing IPV (Ahmad, Driver, McNally, Stewart, 2009).

The current study explores South Asian immigrant survivors’ perspectives on dangerous abusive relationships and how they view safety resources from the perspective of intersection of triple jeopardy and resiliency. Among South Asian immigrant women, culturally specific risk factors for severe IPV or IPH could include pressure to stay in abusive relationships because of cultural emphasis on family reputation or honor, lack of family and in-laws’ support, in-laws’ instigation of violence, and dowry (money from the woman’s family) demands (Sabri, Sanchez, & Campbell, 2015; Sabri, Simonet, & Campbell, 2018; Sabri, Nnawulezi, et al., 2018). Access and use of resources as well as effectiveness of those resources in addressing survivors’ needs can serve a protective role. The resources that could protect South Asian survivors of IPV from negative impact of abusive relationships includes stronger prevention and intervention programs to identify and intervene with women at high risk for being killed (Sabri et al., 2015). This study, therefore, examined South Asian immigrant women’s (a) perceptions of risk factors for homicides or severe violence in abusive relationships and (b) perspectives on sources of resilience for survivors’ safety and well-being at the individual, interpersonal, and community levels. The findings could be used to inform culturally informed risk assessments and safety planning interventions for women at risk for being killed or seriously hurt in abusive relationships.

Method

Sixteen women were recruited from organizations serving South Asian IPV survivors using verbal and written invitations to participate and purposive and snowball sampling approaches. Women were eligible if they were English speaking, were above 18 years of age, were first- or second-generation immigrant women from South Asia, and had experienced IPV within the past 2 years. With the exception of two women who were second-generation immigrants, all women were foreign-born (88%, $n = 14$). The countries of origin were India ($n = 4$), Bangladesh ($n = 4$), Pakistan ($n = 7$), and Sri Lanka ($n = 1$). Women were recruited from four regions of the United States: Maryland, Virginia, New York, and Washington, DC. We conducted in-depth interviews ($n = 16$) and one focus group ($n = 5$ participants). Two different methods were used, with focus group used to identify group's perspectives on general questions (e.g., IPV prevention and intervention efforts for South Asian survivors in the United States) and in-depth interviews for more personal information on IPV experiences and deeper perspectives on issues that women may not have been comfortable discussing in a group setting. Five focus group participants, who expressed interest in participating in individual interviews, also participated in the in-depth interviews. Data collection concluded when it appeared we reached saturation and no new findings were emerging.

Women who consented to participate in the study were interviewed in their homes. The focus group was also held in one of the participants' home who did not live with the abuser. Data were collected using semistructured interview and focus group guides, as well as a demographic sheet and danger assessment instrument. A focus group is a useful method for gaining insight into participants' shared understanding of a phenomenon (Bloor, Frankland, Thomas, & Robson, 2001) and was therefore useful in identifying issues abused South Asian immigrant women face and their sources of resilience. The focus group guide included questions on factors related to IPV among South Asian immigrant women in the United States, their perceived characteristics of dangerous abusive relationships, and South Asian immigrant women's needs for prevention and intervention services for IPV. The in-depth interview guide focused on women's own IPV experiences, situations when they feared their partner could be dangerous, their coping strategies, perceptions of dangerous abusive relationships, their needs for services and health concerns. Detailed field notes were used to record our thoughts and feelings towards the process and outcomes of the focus group and interview sessions.

The demographic sheet covered questions on women's background and characteristics such as age, country of origin and types of violence exposures. The Danger Assessment (Campbell et al., 2003) was used to assess for risk for future violence or a homicide by their intimate partner (20 items; $\alpha = 0.83$; range = -3 – 36). The Danger Assessment is a clinical and research instrument developed to assist women in assessing their danger of being murdered or seriously injured by their intimate partners (Campbell, Webster, & Glass, 2009). A weighted scoring system identified women at the following levels of danger: variable danger (<8), increased danger (8 – 13), severe danger (14 – 17) and extreme danger (≥ 18).

Data Analysis

Data were analyzed using a thematic analysis procedure (Braun & Clark, 2006). The analysis started with reading and rereading of the transcripts. This was followed by independent coding by two research team members to generate initial codes, search for themes, and group themes based on emerging patterns and similarities. In thematic analysis, the sample size is determined a priori (Ross, 2012). We planned for our sample size to be 15–20 women. We, however, continued data collection until data saturation occurred. In a study on sample-size needs to reach data saturation, a

sample size of fewer than 16 participants was found to be adequate for homogenous groups and 20 to 40 for heterogeneous groups (Hagaman & Wutich, 2017). Thematic analysis is a useful approach for data analysis when the sample size is determined beforehand (Ross, 2012; Sabri, Nnawulezi, et al., 2018).

Common methods to promote rigor include using multiple analysts to review findings, checking consistency across participants' data, and debriefing peers (Creswell & Miller, 2000). To ensure credibility of our findings, the two coders met at multiple time points to discuss and compare generated codes and themes and to reconcile any discrepancies. Our approaches of analytical triangulation, regular debriefing sessions among the team members and detailed notes of thoughts and experiences during the process were used to promote rigor and trustworthiness. The frequency of participant responses was tallied, and prevalent codes were used to form themes and subthemes such as perceived risk factors for homicide or severe IPV, and sources of resilience at the community (e.g., legal system, police, victim serving agencies) and individual (e.g., education and awareness) levels. Pseudonyms were used to present the participants' quotes.

Results

Sample Characteristics

Women ranged in age from 31 to 48 years ($M = 38$, $SD = 5.30$). Except for the two second-generation immigrants, all women had been in the United States for an average of 13 years ($SD = 6.45$; range = 4–23 years). Most of them were separated or divorced ($n = 11$). Five were still married and living with their abusive husbands. The majority of the women were educated and completed college (62.5%, $n = 10$) or some college (12.5%, $n = 2$) and were employed (75%, $n = 12$). The most common IPV experiences reported by women survivors were both physical and psychological abuse (87.5%, $n = 14$). A large proportion of physically abused survivors also reported sexual abuse (78.6%, $n = 11$). Almost half of the survivors reported severe physical abuse such as strangulation (50%, $n = 8$). More than half (66.7%, $n = 10$) reported that there was increase in severity or frequency of physical violence within the past year. Approximately 80% ($n = 12$) of South Asian women were found to be in the extreme danger of IPH, based on their scores on the Danger Assessment.

Qualitative Findings

The survivor in-depth interviews presented specific perceptions of dangerous abusive relationships and provided insights into sources of resilience (Figure 1). Because in South Asian relationships, women's risk for IPH comes from both partner and the family, we analyzed characteristics of partners as well as families which placed survivors at risk. The themes that emerged from the interviews and analysis are as follows.

Perceptions of Characteristics and Behaviors in Abusive Relationships That Placed Women at Risk for IPH or Severe IPV

These characteristics and behaviors were described at the partner level (i.e., anger control issues, history of childhood issues, two-faced personality, threats to kill, controlling behavior, severe physical abuse, stalking, and engagement in other deviant behaviors) and at the family level (i.e., lack of family support).

Perspectives on Sources of Resilience That Could Promote Safety and Well-Being of Survivors

These sources of resilience were identified at the community and the individual level. At the community level, the perceptions were shared regarding level of support from the formal sources of

help (e.g., police, therapist), availability of culturally informed services, and support from the members of the South Asian community. At the individual level, survivors shared their perspectives on the need for education and awareness of South Asian immigrant survivors of IPV, and needs to address their fear of losing support, and their mistrust of the system.

Participants are identified by a pseudonym and their country of origin, followed by their age to distinguish them from one another.

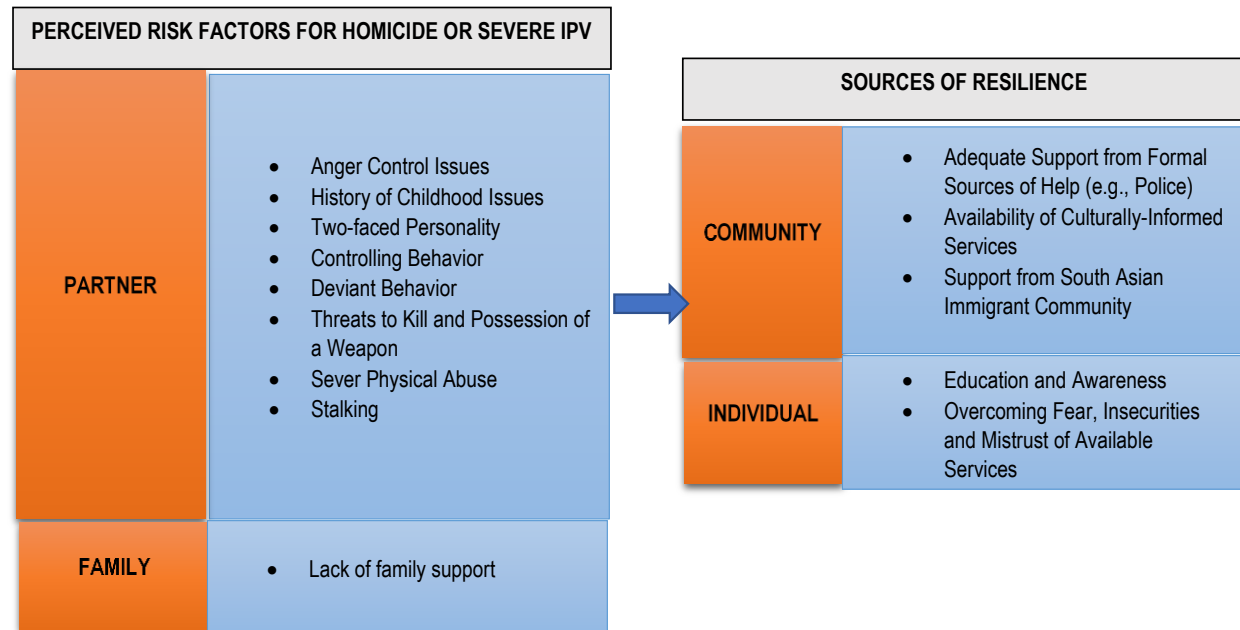


Figure 1. Risk and Resilience Factors Related to Intimate Partner Violence (IPV) or Homicide

Perceptions of Characteristics and Behaviors That Placed Women at Risk for IPH or Severe IPV in Relationships

Characteristics and Behaviors of the Partner

While some survivors felt that identifying a dangerous partner was difficult, others identified anger management issues, controlling behaviors, deviant behaviors, a history of childhood issues, two-faced personality, threats to kill, severe physical abuse, and stalking behaviors as distinguishable characteristics.

Anger control issues. Anger management issues were considered identifiers of a dangerous abuser. Divya described a dangerous abuser as someone who becomes aggressive during arguments if he does not get his way: “Very aggressive. Easily angered ...when asked to compromise on something and given another option or whatever... being offended” (Divya, age 34, India). Hina described how her husband became angry for trivial reasons and found reasons to criticize her: “My husband is angry all the time: ‘What do you do all day? Why are you not cooking nicely? Why you didn’t do this?’ He finds something wrong about me... whole day, whole week, every day” (Hina, unknown age, unknown country). Ramya indicated that her abuser’s anger management issues came from

childhood issues: “He cannot control anger... is violent. He had some problem with his past...when was a child, he had a problem. That’s why he would try to kill his wife” (Ramya, age 36, India).

Inability to manage anger in public spaces was considered as an indicator of a dangerous abusive partner. Sonia shared that escalation in anger and verbal abuse from private to public areas was what suggested to her that she should take action to protect herself: “It just kept escalating you know from belittling to like belittling inside the house to belittling outside” (Sonia, age 37, United States). Divya described an incident where she had met a male friend outdoors to assist with an assignment. Her husband had placed a tracker in a car, followed her, and became angry in a public place:

He [male friend] just said “you need to calm down. There’s nothing with us. You’re just acting out on rage or something. let me explain to you.” I came out because I felt like it was going to escalate because it’s a public place so then he was about to hit me. (Divya, age 34, India)

Mariam feared for her life when her husband could not control his anger even at a religious site:

I kept shaking him saying, “Don’t fight in front of the [religious figure] Stop it.” Then it occurred to me. If the [religious figure] can’t calm this guy down or he can’t think straight in the holiest site where you’re supposed to control yourself he’s capable of any craziness so that’s when I started getting nervous. (Mariam, age 41, Pakistan)

History of childhood issues. Some survivors described childhood issues, such as childhood abuse or lack of a significant male role model, as factors that may lead to abusive behavior in adulthood: “He had a problem with his childhood” (Ramya, age 36, India). Sumaiyya believed that her husband’s controlling behavior and addiction came from his exposure to abuse and lack of a male role model in the family:

His family are all already abusive and I think he had a lot of issues. He was in to pornography addiction...because he has childhood issues and it was not resolved and the way his mom treated his father. His father was nothing more than a furniture in the house. He had no voice. He couldn’t say anything. His mother and sister were running the show so...he didn’t have a male figure and model... somebody who could help him become a man. So, he had a lot of insecurities himself and I think that’s one reason the way he was trying to control me he would feel better about himself. (Sumaiya, age 31, Bangladesh)

Divya shared the impact of childhood abuse on violent behavior in adulthood: “Violence...I think was driven by his childhood. And him being without his father and growing up with his uncles and stuff where he was beaten. He could have gotten help” (Divya, age 34, India).

Two-faced personality. For some survivors, there is no recognizable characteristic of dangerous abusers. They present themselves in a positive light, so no one can tell that they can be dangerous for their partners:

Those men are good looking... They are smart. They know how to make money. They know how to sweep a girl off her feet, be charming and have the best personality. They are the ones who can kill their wives. (Gayatri, age 36, India)

Sumaiyya described how an abusive partner is skilled at putting on a façade for the public so that they do not appear to be abusive:

They're very charming. They outwardly...you can't tell what they do in the house because outside they are very nice to people and people think you know "How can he even hurt somebody?" so they have to keep that face. Then they're very controlling with their partner. If someone gets into that situation they will see that they're controlling. They will not want others to be in charge. (Sumaiya, age 31, Bangladesh)

Controlling behaviors. Some survivors perceived controlling behaviors as characteristics of a dangerous abusive partner, as reflected in the following quotes:

They're control freaks... "If I cannot have you nobody can have you. If you don't listen to me, you don't have right to live." So the control freaks are the ones who end up killing their wives and I would have been killed too... Because that's the whole concept of it that you are a possession of mine. If you don't want to be with me nobody can have you. (Tanvi, age 35, India)

Noor shared that controlling behavior came with the abuser's depression, loneliness and isolation: "It was all about control. He had severe depression. Lonely, isolated, very isolated, very controlling" (Noor, age 33, United States).

Sonia, whose family arranged her marriage to a man 14 years older than her, described the age difference as a power differential:

Obviously he's going to be very controlling. He knows what he's doing. He can manipulate a young child easily. That's just how predators do too with their children, the children that they molest. They manipulate them by building the trust and then they break it. So, he did the same thing. (Sonia, age 37, United States)

Deviant behavior. Some survivors described deviant behaviors such as infidelity or use of drugs and alcohol as recognizable signs of a dangerous abusive partner:

If a husband has another woman...and don't want to stay with her.... maybe he will kill her. Or if a wife is bad.... she hangs out with another man and he don't like this. He would then want to kill her. Also, if he ...do drugs...and is drunk all the time or when he is drunk and does bad things he can do any dangerous thing. (Wadia, age 48, Bangladesh)

Describing her partner's alcohol problem as a warning sign of danger of severe abuse, Hina mentioned, "He drinks...take drugs or is drunk all the time. He can do anything dangerous" (Hina, unknown age, unknown country).

Threaten to kill and possessing a weapon. Other signs of a dangerous abuser were reflected in survivors' stories where they feared for their lives. Many survivors felt in danger when the partner directly threatened to kill them or their family: "He threatened to kill me and my family and me... He still says that. He can kill my brother in my country" (Jhumpa, age 40, Bangladesh).

Gayatri indicated that the threat to her life during a minor argument was what led her to leave and seek protection:

It started with a small argument... And I went to the room and locked it...he broke the lock and that's when he threatened to kill me. He said, "I will kill you and bury you where no one will find you." I knew he had a gun in the house. That's when I went to the Family Justice Center and said I need protection. (Gayatri, age 36, India)

Mariam shared that she was most afraid of her partner during a religious pilgrimage. She described how the abuser disappeared for hours and then suddenly appeared and took her to a mountain to commit suicide with her:

He grabbed my hand and he took me out to the mountainous area... he held my hand really tight and squeezed and said, "We have to pray right now that we're going to be together in heaven." I was really freaked out. I was like "Let go of me." He's like, "No. We're going to go to heaven together. We have to do it right now..." Psycho. (Mariam, age 41, Pakistan)

Certain survivors feared weapon use, either due to the knowledge that the partner owns a weapon or because the partner would verbally threaten to use weapons, as indicated by Gayatri: "I knew he had a gun in the house. That's when I went to Family Justice Center and said 'I need protection'" (Gayatri, age 36, India). Fariha feared for her life when her husband accused her of being pregnant with another man's child and threatened to kill her:

I went to the hospital because I had a little stomach ache. [Hospital staff] told me "you are pregnant." So he was really angry. Because before that I went to some relative's house, so he said "Oh you went there. That's why you are pregnant. You have to tell me the truth." I said, "I didn't know that..." He said, "No. You bring the knife. I'm going to cut you if you don't tell me the truth" so then he showed me the knife. So, I got really scared. (Fariha, age 35, Pakistan)

Severe physical abuse. The presence of severe physical abuse is one of the distinguishable characteristics of a dangerous abusive relationship. Tanvi shared that most violent incident in her relationship was when she felt she would die:

He kept pushing his thumbs into my neck until... I just could not even speak anymore, and things went totally dark. I couldn't breathe anymore... I realized I am going die and I started kicking him... just fiercely and punching him and so he let me off. That was my wakeup call and that's when I realized that if I die who's going to take care of my son. (Tanvi, age 35, India)

Divya experienced severe physical abuse by her husband in front of her own mother and grandmother after he found her speaking to a male friend in public

He ripped my clothes off, everything, even my undergarments.... When he started to rip my clothes, my grandmother went inside and closed the door and then eventually my mom left too. He dragged me on all three levels of that house with my arm and he poured beer on my head. And then he threw me under a cold shower and put me under an AC vent. (Divya, age 34, India)

She describes that this incident is what prompted her to leave her situation, as she recognized the severity of the issue.

Stalking. Some abusers may go to extreme means to track/stalk the survivor, as indicated by Divya, whose husband placed a tracker in her car. Stalking may continue even after the abuser leaves, which prevents the survivor from feeling safe even after leaving the abusive relationship. Another such incident involved an abuser installing spyware into the Mariam's computer to track her whereabouts and actions:

Because he had this spyware on my computer he knew where I was going so he says, “I’m coming with you.” I said, “There’s no need for you to come with me.” He was coming to all my work meetings and just standing there. (Mariam, age 41, Pakistan)

Lack of family support. Some survivors were in danger due to lack of support from family due to reasons such as family not present in the country or the family not being supportive of the choices the survivor makes. In one such case, lack of support came from both lack of physical presence and lack of emotional support. Sumaiyya’s family who lives outside the United States would advise her to remain with her husband: “His family and my family and everybody started pressuring me.... ‘You should be with your husband’” (Sumaiya, age 31, Bangladesh).

Divya shared an incident where her own mother hit her in front of her husband for talking with another male. When her husband started hitting her, she left. “She was the first one to hit me. And then after she was done hitting me that’s when he took over” (Divya, age 34, India). Because the survivor’s mother was not only allowing, but participating in the abuse, she was placed in even greater danger due to lack of family support. At the individual level, survivors shared their perspectives on the need for education and awareness of South Asian immigrant survivors of IPV, and needs to address their fear of losing support, and their mistrust of the system.

Perspectives on Sources of Resilience

When asked about resources that could protect survivors from future IPV and promote well-being, survivors shared their perspectives on resources in the community (e.g., the legal system, the police, victim service agencies) and how to intervene with South Asian survivors of IPV. The following subthemes are organized at the community and individual levels: At the community level, the subthemes were (a) quality of support from formal sources of help in the community, (b) availability of culturally informed services, and (c) level of support from South Asian immigrant community. At the individual level, the subthemes were (a) education and awareness and (b) personal fears, insecurities, and shame.

Community Level

Quality of support from formal sources of help in the community. According to some survivors, the available resources in the community were not helpful. Some survivors were mistrustful of the police and the legal system. Others believed that the system was unfair due to racism and discrimination. For example, Gayatri believed that the government does not help, and there is racism in the system:

There is racism. They don’t do their job well. They lose paperwork, or they don’t want to answer your calls. I just need help for a short time so that I can get back on my feet and not be on the system. I want to do the best for my son and for me but it’s not that I’m going to always be on the system. This system is not a good system. They help the people who really don’t need help and the people who really need help never get that help. (Gayatri, age 36, India)

The agencies serving survivors sometimes have staff members who are not helpful or do not know what they are doing or do not care. Two participants had negative perceptions of the shelters. For example,

The system was not very helpful because when I was in the shelter they did not help me with housing. On the contrary I was on top of my case worker letting her know. I heard the state has this domestic violence package where you could apply for it and they give you a certain

amount of money to renew your insurance certificate and you pay for the classes...my case worker was horrible. She didn't help me with anything. Not with food stamps, nothing. I was just so disheartened. I do not even want to be in the system. If I can do it without the system and these people cannot help me I don't need the system. (Gayatri, age 36, India)

Three survivors shared their experiences with domestic violence counseling services. Although one survivor found her therapist helpful, two survivors had negative experiences such as the counselors not providing list of resources or giving the wrong advice. For example,

I found a domestic violence therapist to be absolutely useless because the only advice she gave me "Oh flee. Just pack your stuff and go to the domestic violence shelter and just get out." That's not the bloody solution... That I should get out with my little baby while this jerk stays inside the house, bringing other women and screwing them and having parties while I'm suffering in the domestic violence shelter with my little child. That's not fair. (Tanvi, age 35, India)

The experiences of calling the police varied. Some survivors felt police was helpful, while others had negative perceptions. For instance, Fariha shared that the police did not arrest her husband when she called them: "My husband always got rid of them[police]. They never arrested him" (Fariha, age 35, Pakistan). Sumaiya shared her experience with the police where they preferred not to become involved:

Twice I called them [police] home but I had to go back to them for when I was filing for protective order. They were not very helpful. They just don't want to deal with it. Police say it's between you and husband and they don't want to come and get involved. (Sumaiya, age 31, Bangladesh)

Mistrust of the system led to the notion that asking for help from the police would mean separation from children, which discouraged Fariha from seeking help:

[If she called the police] that would have been more worse. Then I could lose my children... The police once said it's going to be hard for your children to go to the foster home... If you guys fight the judge is going to say to you both...you argue like that. Only one person cannot do this. Sometimes judge is not in a good mood, so you don't want to lose your children. (Fariha, age 35, Pakistan)

Some survivors had positive perceptions of the legal system, particularly due to the ability to obtain a restraining order or protection. Others felt that the system is unfair, insensitive and difficult to navigate, as reflected in the following quote:

I had to jump so many hoops going to court. I just felt there's no compassion or understanding in the court system for people who are going through domestic violence. Legal system is hard anyway but in this situation the person who is being abused is in a very sensitive situation so it's twice harder. (Sumaiya, age 31, Bangladesh)

Availability of culturally informed services. The need for culturally specific resources was highlighted by several survivors. According to survivors, while there are resources (e.g., victim service organizations, healthcare services) for non-South Asian or Caucasian IPV survivors in the community, these resources are not catered to the South Asian family dynamics, as described: "I don't think there are any resources in place to focus on just South Asians because our family dynamics are very different from the normal family dynamics" (Anam, age 33, Pakistan).

The importance of highlighting community as an aspect of cultural sensitivity in serving South Asian survivors was highlighted in the following quote:

We don't have extended families or neighborhoods where we can talk about these things. [People from U.S. majority culture] will tell you anything is possible in your life. We know that's not true. It goes against our cultural or religious values, it's going to harm us later on. (Divya, age 34, India)

It was suggested that to improve reach and allow the survivor to feel safe, resources should be present in religious areas:

We should have some help in religious places—either church, a mosque or a temple. Especially for our community that's one place women feel safe- can maybe express themselves and the husbands will let them go there because if they're in a domestic abuse case they won't have access to anything else. They won't let them go to markets or anywhere else by themselves and they won't let them have friends. (Sumaiya, age 31, Bangladesh)

Divya felt that the need for cultural specificity expands to healthcare resources as well:

When you go to a doctor they take your child and they put on the chart... who is that for? Which demographic? It's for Caucasians. It doesn't apply to Asians. It doesn't apply to South Asians. It doesn't apply to African Americans at all. It's for a certain demographic. You cannot generalize it. People come from different backgrounds. They have their differences even if they are grown up in this country. (Divya, age 34, India)

Level of support from the South Asian immigrant community. The support from one's own community can be an important safety resource. However, two survivors discussed lack of support from the South Asian immigrant community which served as a barrier to receiving help:

I'm very sad of our community. I found out about a support group my friend started.... women in same situation together in a little group... get to know each other. I found out from the group that women are always under attack from men in our community because they feel that these types of groups are encouraging women to break their marriages. (Mariam, age 41, Pakistan)

Gayatri shared,

Actually, community can play a big role but in America the community does not really care. You know the community should come together and say ok, you know what? If she doesn't have a place to stay and she has kids why don't you help. Well, first of all you cannot trust people here. (Gayatri, age 36, India)

Individual Level

Education/awareness. Many survivors highlighted the need to educate South Asian immigrant women on their rights and available resources for survivors, particularly to help them navigate the legal system, as reflected in the following quote:

In the court system it would help if they had somebody helping the victims who come there for protective order or filing any of those documents and going through the system. It's really hard when you don't know such stuff... (Sumaiya, age 31, Bangladesh)

Tanvi shared the need for education as well as additional support by making survivors feel secure:

It's basic education for women that's missing. Educated women like me don't know their rights...The person who is going through domestic violence is mentally clouded, so someone has to be able to show them, give them the clarity of thinking. Someone should be able to make them feel secure that you are not alone. There are so many things available to you. You're not all by yourself. (Tanvi, age 35, India)

Mariam emphasized the importance of educating women about their legal rights and measures for protection:

Women are not aware of their legal rights so they're clueless and afraid. I think if we had organizations where you can be informed of your legal rights and given protection right away. For, instance I was on the board of the women's center which is the largest non-profit in the area that serves women and if something happened to a friend of mine or somebody I would say go to the women's center because they are aware of state law. They can represent you right away. (Mariam, age 41, Pakistan)

Education can also translate to knowing how to navigate the internet and find needed resources (e.g., location of churches), as described by Tanvi:

Google is the biggest thing. Just Google what resources are available to me. Reach out to people because not everybody wants to be helpful but there are a lot of people who are helpful and especially the churches. I started going to the church because of this and they are my family now. The amount of help you can get through the churches is tremendous, emotionally, physically... (Tanvi, age 35, India)

Personal fears, insecurities, and shame. Several survivors were fearful of seeking help, as they felt they would lose financial security or other forms of support that a partner would provide. The biggest concerns for three survivors were child support, financial support for childcare, housing to get away from the abuser, job placement and ability to pursue work or education. For instance, Tanvi preferred to endure violence than to lose financial security:

Outcome [of going through the legal system] is he can lose his job. And then you will have no support, no medical health insurance. Basically, you'll have to go look for a job and you may not even have a home. So, all those scary thoughts like not only losing your husband, also losing everything else that comes with him... That's the scary part... I would rather be getting slapped around a little bit. (Tanvi, age 35, India)

However, Sonia shared that while she feared losing financial security initially, physical safety and security for her and her children were more important:

If I ever called the police he would never be able to get work again and then we would definitely be suffering financially. But now I look back at it and the way he was behaving towards me and the kids where he left us with nothing and my kids are like almost charity cases I feel like I should have. (Sonia, age 37, United States)

Three survivors did not seek help from police because of fear of their partner getting into trouble or because of shame or embarrassment, as described by Hina: "I don't want to get him into trouble... If police came, it could have caused trouble. I don't like people to know what's going on in my family" (Hina, unknown age, unknown country). Tanvi did not want her neighbors to know her personal family matters:

We don't want our neighbors to see the cops coming to our house. We don't want people to know that something wrong is going on. It's very embarrassing for the police to come to your door with those blinking lights. It's very embarrassing. (Tanvi, age 35, India)

Discussion

Using triple jeopardy and resiliency frameworks, that have been used with South Asian immigrant survivors of domestic violence (Ahmad et al., 2013), this study examined South Asian immigrant women's danger in familial relationships and sources of resilience that could protect their safety and well-being, as an immigrant in the United States. Women shared their perspectives on characteristics of dangerous abusive partners and "red flags" in relationships in which women can experience severe violence or a homicide in the future. Further, women shared their perspectives on sources of resilience among South Asian immigrant survivors of IPV. In this study, except for two-faced personality of the partner and lack of family support due to patriarchal cultural norms, some similarities were found in identified risk factors in the existing literature on IPV or IPH in other groups of women in the US. For instance, partner's controlling tactics, anger management issues, and history of childhood issues are reported as risk factors for IPV in prior research (Aldarondo & Castro-Fernandez, 2011). Threats to kill and threats with a weapon have also been identified as risk factors for IPV/IPH among other groups of immigrants (Messing, Amanor-Boadu, Cavanaugh, Glass, Campbell, 2013). At times, violence escalation made women realize that this may lead to more harm and so their safety strategy included locking themselves in a room or calling the police. In abusive relationships, women live under a constant threat of danger, powerlessness, or lack of control (Jun, Rich-Edwards, Boynton-Jarrett, & Wright, 2008), which increases their vulnerability of experiencing more severe IPV.

Recent separation from an abusive partner (a risk factor for IPH in the existing literature; Campbell, 2007) was not perceived as a risk factor in our sample. Additional large-scale study, however, is needed to examine role of separation on risk for future IPV among South Asian women. While some South Asian men may become more abusive during separation or divorce, the problem of abandonment by South Asian spouses prevail in South Asian communities. Most women in this study were separated from their partners at the time of the interview and they did not perceive this to be a risk factor. Abandonment is very unique to the South Asian culture, and with more global marriages, transnational abandonment is becoming more common. Due to gender-blind policy frameworks, structural inequalities and lack of global, intercountry legal mechanisms for women to get justice, they are being discarded and treated as disposable commodities (Anitha, Yalamarty, & Roy, 2018). Another unique finding in our study was the survivors' beliefs of an abuser with a two-faced personality (a sign of emotional abuse) being dangerous. It is difficult to impossible to predict who might be abusive to a partner or seriously hurt her in the future. Future research is needed to examine the impact of such personality characteristics of abusers on women's risk for IPV. Incorporating abusers' unstable personality traits and behaviors in IPV risk assessments can identify women who might be in dangerous abusive relationships.

The literature on risk factors for homicide among South Asian women in the United States is very scant. Most studies done so far on the risk factors for homicide in the United States were primarily based on racial/ethnic groups other than South Asians (e.g., Campbell et al., 2003; Messing et al., 2013). Research shows abused women often tend to underestimate their risk of harm from their abusive partners (Campbell, 2007). Therefore, additional research is needed on risk factors of IPH among diverse groups to identify at risk women for early interventions. Further, practitioners need to attend to some culturally specific risk factors identified in this study (e.g., lack of family support) and existing literature on intimate partner homicides and severe IPV in the South Asian region (e.g.,

Sabri et al., 2015; Sabri, Renner, Stockman, Mittal, & Decker, 2014). These culturally specific risk factors include dowry demands, adherence to patriarchal cultural norms, lack of family support, and low status of women in abusive relationships (Sabri, 2014).

Perceptions of sources of resilience varied in our sample of women survivors of IPV. Women expressed rampant racism and lack of compassion in the legal system. This is in line with research with other South Asian women and their experiences in accessing the legal system in the United States (Jordan & Bhandari, 2016; Abraham, 1998). Women were reluctant to call the police for fear of their children being taken away. Further, women expressed lack of knowledge about their rights and highlighted the need for culturally competent services that understand South Asian family dynamics to deal with IPV.

Implications for Practice

Our study, therefore, highlights the need for culturally informed services and community education to generate awareness about available services among South Asian survivors of IPV. These include domestic violence services, legal assistance and network of South Asian women's organizations (e.g., Sakhi for South Asian Women, 2017). It is important to sensitize the mainstream domestic violence and other service providers on the unique needs of South Asian survivors. Further, community education and awareness is needed to reduce the stigma of leaving an abusive relationship.

The limitation of this study is that data was collected from a small group of immigrant women survivors of IPV from selected South Asian countries, and therefore, the findings may not be generalizable to all South Asian immigrant survivors of IPV in the United States. It is also important to note that South Asian culture is not monolithic with regard to culture as well as religious practices, and the current sample differed with age, years of stay in the United States, which made their stories unique. Studies with a larger South Asian sample are required to be able to generalize the findings. Despite the mentioned limitation, a strength of this study is the inclusion of immigrant survivors from multiple South Asian regions, highlighting the service needs of women in dangerous abusive relationships.

References

- Abraham, M. (1998). Speaking the unspeakable: Marital violence against South Asian immigrant women in the United States. *Indian Journal of Gender Studies*, 5, 215–241.
- Abraham, M. (2000). Speaking the unspeakable: Marital violence among South Asian immigrants in the United States. New Brunswick, NJ: Rutgers University Press.
- Adam, N. M., & Schewe, P. A. (2007). A multilevel framework exploring domestic violence against immigrant Indian and Pakistani women in the United States. *Journal of Muslim Mental Health*, 2, 5–20.
- Ahmad, F., Driver, N., McNally, M., & Stewart, D. E. (2009). "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Social Science Medicine*, 69, 613–622.
- Ahmad, F., Rai, N., Petrovic, B., Erickson P. E., & Stewart D. E. (2013). Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant Minority Health*, 15, 1057–1064. doi:10.1007/s10903-013-9836-2
- Ahmad, F., Riaz, S., Barata, P., & Stewart, D. (2004). Patriarchal beliefs and perceptions of abuse among South Asian immigrant women. *Violence Against Women*, 10, 262–282.

- Aldarondo, E., & Castro-Fernandez, M. (2011) Risk and protective factors for domestic violence perpetration. In J. White, M. P. Koss, A. E. Kazdin (Eds.), *Violence against women and children. Volume 1: Mapping the terrain* (pp 221–241). Washington, DC: American Psychological Association.
- Anitha, S., Yalamarty, H., & Roy, A. (2018) Changing nature and emerging patterns of domestic violence in global contexts: Dowry abuse and the transnational abandonment of wives in India. *Women Studies International Forum*, 69, 67–75.
- Ayyub, R. (2000). Domestic violence in the South Asian Muslim immigrant population in the United States. *Journal of Social Distress Homeless*, 9, 237–248.
- Bhandari S. (2018). South Asian domestic violence and karma. In M. Guggisberg & J. Henricksen (Eds.), *Violence against women in the 21st century: Challenges and future directions* (pp. 57–85). New York, NY: Nova.
- Bhandari, S., & Sabri, B. (2018). Patterns of abuse among South Asian women experiencing domestic violence in the United States. *International Social Work*. Advance online publication. doi:10.1177/0020872818767250
- Bhattacharjee, A. (1992). The habit of ex-nomination: Nation, woman, and the Indian immigrant bourgeoisie. *Public Culture*, 5, 19–44. doi: 10.1215/08992363-5-1-19
- Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. London, United Kingdom: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.
- Campbell, J. C. (2007). *Assessing dangerousness: Violence by batterers and child abusers*. New York, NY: Springer.
- Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24, 653–674.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., . . . Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93, 1089–1097.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, 39, 124–130.
- Dasgupta, S. D. (2000). Charting the course: An overview of domestic violence in the South Asian community in the United States. *Journal of Social Distress & the Homeless*, 9, 173–185.
- Dasgupta, S., & Warrier, S. (1996). In the footsteps of “Arundhati”: Asian Indian women’s experience of domestic violence in the United States. *Violence Against Women*, 2, 238–259.
- Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., . . . Watts, C. H. (2013). The global prevalence of intimate partner violence against women. *Science*, 340, 1527–1528.
- Frye, V., Hosein, V., Waltermaurer, E., Blanfy, S., & Wilt, S. (2005). Femicide in New York City 1990 to 1999. *Homicide Studies*, 9, 204–228.
- Garcia-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO multi-country study on women’s health and domestic violence against women*. Retrieved from http://www.who.int/gender/violence/who_multicountry_study/en/

- George, U., & Ramkissoon, S. (1998). Race, gender and class: interlocking oppressions in the lives of South Asian women in Canada. *Affilia*, 13, 102–119.
- Grewal, S., Bottorff, J. L., & Hilton, A. B. (2005). The influence of family on immigrant South Asian women's health. *Journal of Family Nursing*, 11, 242–263.
- Hagaman, A. K., & Wutich, A. (2017). How many interviews are enough to identify metathemes in multisite and cross-cultural research? Another perspective on Guest, Bunce, and Johnson's (2006) landmark study. *Field Methods*, 29, 23–41.
- Jordan, A., & Bhandari, S. (2016). Lived experiences of South Asian women facing domestic violence in the United States. *Journal of Ethnic and Cultural Diversity in Social Work*, 25, 227–246.
- Jun, H. J., Rich-Edwards, J. W., Boynton-Jarrett, R., & Wright, R. J. (2008). Intimate partner violence and cigarette smoking: Association between smoking risk and psychological abuse with and without co-occurrence of physical and sexual abuse. *American Journal of Public health*, 98, 527–535.
- Kallivayalil, D. (2004). Gender and cultural socialization in Indian immigrant families in the United States. *Feminism & Psychology*, 14, 535–559.
- MacKinnon, C. A. (1983). Feminism, Marxism, method, and the state: Toward feminist jurisprudence. *Signs*, 8, 653–658.
- Mahapatra, N. (2012). South Asian women in the U.S. and their experience of domestic violence. *Journal of Family Violence*, 27, 381–390.
- Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the Danger Assessment for immigrant women. *Social Work Research*, 37, 263–275.
- Pew Research Center. (2012). Retrieved February 14, 2018 from <http://assets.pewresearch.org/wp-content/uploads/sites/11/2012/12/globalReligion-tables.pdf>.
- Pew Research Center. (2017). *Key facts about Asian Americans, a diverse and growing population*. Retrieved from <http://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>
- PreVAiL: Preventing Violence Across the Lifespan Research Network. (n.d). *Themes (I, II, III)*. Retrieved from <http://prevailresearch.ca/our-research/themes-i-ii-iii/>
- Raj, A., & Silverman, J. G (2002). Intimate partner violence against South Asian women in greater Boston. *Journal of American Medical Women's Association*, 57, 111–114.
- Raj, A., Silverman, J., McCleary-Sills, J., & Liu, R. (2005). Immigration policies increase South Asian immigrant women's vulnerability to intimate partner violence. *Journal of American Medical Women's Association*, 60, 26–32.
- Ross, T. (2012). *A survival guide for health research methods*. Berkshire, United Kingdom: Open University Press.
- Sabri, B. (2014). Domestic violence among South Asian women: An ecological perspective. In M. Taylor & J. A. Pooley (Eds), *Overcoming domestic violence: Creating a dialogue around vulnerable populations*. New York, NY: Nova Science.
- Sabri, B., Campbell, J. C., & Dabby, F. C. (2016) Gender differences in intimate partner homicides among ethnic sub-groups of Asians. *Violence Against Women*, 22, 432–453.

- Sabri, B., Campbell, J. C., & Messing, J. T. (2018). Intimate partner homicides in the United States, 2003–2013: A comparison of immigrants and nonimmigrant victims. *Journal of Interpersonal Violence*. Advance online publication.
- Sabri, B., Nnawulezi, N., Njie-Carr, V. P. S., Messing, J., Ward-Lasher, A., Alvarez, C., & Campbell, J. C. (2018). Multilevel risk and protective factors for intimate partner violence among African, Asian, and Latina immigrant and refugee women: Perceptions of effective safety planning interventions. *Race and Social Problems*, 10, 348–365.
- Sabri, B., Renner, L. M., Stockman, J. K., Mittal, M., & Decker, M. R. (2014). Risk factors for severe intimate partner violence and violence-related injuries among women in India. *Women & Health*, 54, 281–300.
- Sabri, B., Sanchez, M. V., & Campbell, J. C. (2015). Motives and characteristics of domestic violence homicides and suicides among women in India. *Health care for women international*, 36, 851–866.
- Sabri, B., Simonet, M., & Campbell, J. C. (2018). Risk and protective factors of intimate partner violence among South Asian immigrant women and perceived needs for services. *Cultural Diversity and Ethnic Minority Psychology*, 24, 442–452.
- Sakhi for South Asian Women. (2017). *South Asian women's organizations in the U.S.* Retrieved from <https://www.sakhi.org/south-asian-womens-organizations-us/>
- South Asian Americans Leading Together. (2017). *Demographic information*. Retrieved from <http://saalt.org/south-asians-in-the-us/demographic-information/>
- U.S. Census Bureau. (2010). *The Asian population: 2010*. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf>
- World Health Organization. (2013) *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland: Author.
- Wu, B. (2009). Intimate homicide between Asians and non-Asians: The impact of community context. *Journal of Interpersonal Violence*, 24, 1148–1164.

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